

Prescription Opioid-related Deaths Increased 114 Percent from 2001 to 2005, Treatment Admissions Up 74 Percent in Similar Period; Young Adults Hardest Hit

(Washington, D.C.)—Today, Gil Kerlikowske, Director of National Drug Control Policy, released a report on the diversion and abuse of prescription drugs at the National Methamphetamine Pharmaceutical Initiative (NMPI) in Nashville. The report finds non-medical use of prescription drugs a serious threat to public health and safety, with unintentional deaths involving prescription opioids increasing 114 percent from 2001 to 2005, and treatment admissions increasing 74 percent in a similar four-year period.

The *National Prescription Drug Threat Assessment* (NPDTA) was prepared by the National Drug Intelligence Center (NDIC) in conjunction with the Drug Enforcement Administration (DEA). It synthesizes reports and data from law enforcement and public health officials to evaluate the threat posed by the distribution, diversion, and abuse of controlled prescription drugs in the United States. Non-medical use of prescription drugs (pain relievers, stimulants, tranquilizers, and sedatives) is most prevalent among young adults—individuals aged 18 to 25. From 2003-2007, approximately six percent of this age group reported non-medical prescription drug use in the past month.

Among the general population, nonmedical use of controlled prescription drugs was stable from 2003-2007, with 7 million Americans, aged 12 and older, reporting past month nonmedical use of prescription drugs. Pain relievers are the most widely diverted and abused, with one in five new drug abusers initiating with potent narcotics. Diversion and abuse of controlled prescription drugs cost public and private medical insurers an estimated \$72.5 billion per year.

Director Kerlikowske released the report at NMPI, an annual ONDCP and High Intensity Drug Trafficking Area program initiative that gathers over 300 law enforcement officials to address methamphetamine and illicit pharmaceutical production and diversion through strategy development, intelligence sharing, and training. ♦ Diversion and abuse of prescription drugs are a threat to our public health and safety—similar to the threat posed by illicit drugs such as heroin and cocaine, ♦ said Director Kerlikowske. ♦ In 2006, the last year for which data are available, drug-induced deaths in the United States exceeded firearm-injury deaths and ranked second only to motor vehicle accidents as a cause of accidental death. Law enforcement and healthcare communities must work together to help address prescription drug abuse, addiction, and the public safety consequences of diversion. ♦

In presenting the report to ONDCP, Michael T. Walther, NDIC Director stated, ♦ The *National Prescription Drug Threat Assessment* provides a comprehensive overview of the misuse and abuse of prescription drugs—a problem sometimes overlooked in the focus on illicit drug abuse. ♦ The report represents the first comprehensive assessment of emerging trends based on current law enforcement, intelligence, and public health reporting and data from Federal, state, and local agencies throughout the United States.

♦ Today's report validates the disturbing trend of increasing prescription drug abuse within the United States, ♦ said DEA Acting Administrator Michele M. Leonhart. ♦ When abused, not only are these drugs dangerous in their own right, they often lead to the use of harder drugs, with life-altering consequences. We in law enforcement are committed to being part of a comprehensive solution, using tools such as the recently

implemented Ryan Haight Online Pharmacy Consumer Protection Act, to defeat those who push diverted pharmaceuticals into the hands of those who abuse them. ♦

Despite strident regulations for dispensing controlled substances, prescriptions drugs, especially pain relievers, are acquired illegally, most frequently from friends or family or by doctor-shopping, prescription fraud, and theft. Rogue Internet pharmacies are also a significant source of diverted prescription drugs, and increasingly, street gangs are involved in the illicit distribution of diverted pharmaceuticals.

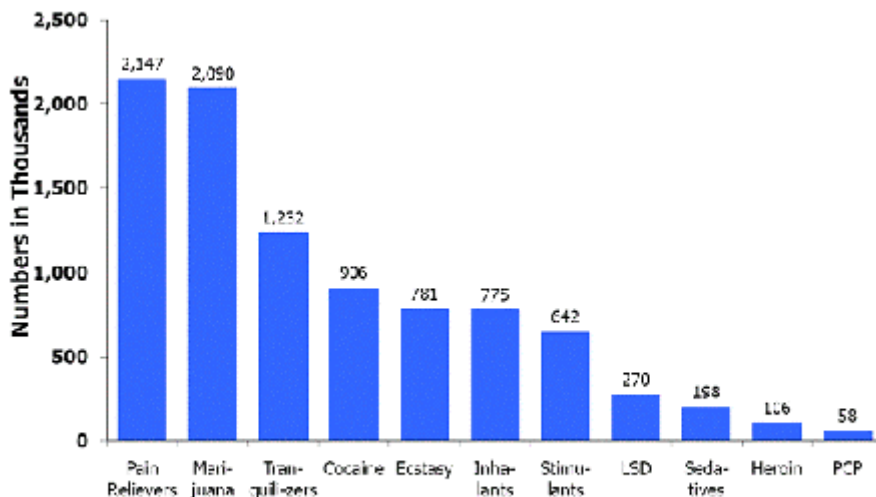
Key Findings

Prescription Drug Abuse: Over 8,500 deaths nationwide involved prescription pain relievers in 2005, the latest year for which data are available, an increase of 114 percent since 2001. Emergency room visits for nonmedical use of pain relievers increased 39 percent from 2004 to 2006. Treatment admissions for prescription opioids increased 74 percent from 2002 to 2006. Nearly one third of individuals who began abusing drugs in the past year reported their first drug was a prescription drug: 19 percent indicated it was a prescription opioid. Thus, 1 in 5 new drug abusers are initiating use with potent narcotics, such as oxycodone, hydrocodone, and methadone.

Prescription Drug Diversion: Diverted controlled prescription drugs are often more readily available than heroin in all drug markets. Opioid pain relievers are the most commonly diverted. Diversion methods include prescription drug fraud, theft, rogue Internet pharmacies, and friends and relatives—the primary sources of controlled prescription drugs for most abusers.

Regional Deviations: Although diversion and abuse of controlled prescription drugs is highest in eastern states, violent and property crimes associated with prescription drug diversion and abuse have increased in all regions of the United States over the past 5 years.

Figure 1. Past Year Initiates for Specific Illicit Drugs Among Persons 12 or Older (2007)



Source: SAMHSA, *2007 National Survey on Drug Use and Health* (September 2008).

In 2007, more than 2 million people who previously had not abused pain relievers reported misusing prescription opioids for the first time. This category of drugs includes powerful narcotics such as oxycodone, hydrocodone, and methadone.

The National Prescription Drug Threat Assessment 2009 can be found at

<http://www.usdoj.gov/ndic/pubs33/33775/index.htm>
<http://www.usdoj.gov/ndic/pubs33/33775/33775p.pdf>